

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

BOARD OF REGISTRARS

_____ COUNTY

DATE _____

Note: Each voter must make their own application by mail, by facsimile transmission, or in person unless he/she is residing temporarily out of the county/municipality or is a disabled voter residing within the county/municipality. A disabled or illiterate voter may receive assistance.

I will be unable to vote in person in the following Election (Specify date & type of Election. If primary, indicate what party primary you wish to vote in. For example, "November 3, 1998 General Election") :

I hereby make application for an absentee ballot for the reason checked below:

- ☐ I am required to be absent from my precinct all day on primary or election day. (7:00 A.M. to 7:00P.M.)
- *☐ I am unable to vote in person because of physical disability.
- ☐ I am unable to vote in person because I am required to give constant care to someone who is physically disabled.
- ☐ I am an election official who will perform official acts or duties in connection with the primary or election.
- ☐ I will be unable to be present at the polls because the date of election falls on a religious holiday which I observe.
- ☐ I will be unable to be present at the polls because I am required to remain on duty in my place of employment for the protection of the health, life, or safety of the public during the entire time the polls are open and my place of employment is within my precinct.
- *☐ I am 75 years of age or older.
- ☐ I am a citizen of the United States permanently residing outside the United States, was last domiciled in Georgia, and I am not domiciled or voting in any other state. I understand that I am allowed to vote for federal offices (or: President, Vice President, United States Senator or Representative in Congress).

*[] I am a member of the Armed Forces or Merchant Marines of the United States, or a spouse or dependent of the member, residing outside the County.

***IMPORTANT: If you are voting absentee because of a physical disability or because you are 75 or older, you may choose to submit one application and receive a ballot for the primary, primary runoff, if required, general, and general runoff, if required, by completing the information below. A separate application must be made for the Presidential Preference Primary.**

_____ALL ABSENTEE BALLOTS AS ALLOWED BY LAW. TO RECEIVE PRIMARY BALLOT, CHECK ONE:

_____DEMOCRATIC & NONPARTISAN, _____REPUBLICAN & NONPARTISAN, OR _____NONPARTISAN ONLY

PLEASE PRINT:

(Name as Registered)

(Address as Registered)

(City)

(State)

(Zip)

DATE OF BIRTH _____

() Request that my ballot be issued and I be allowed to vote my ballot in the Registrar's office at this time;

() Request that ballot be delivered to voter in hospital;

() Request that ballot be mailed to:

(Except in the case of a physically disabled elector residing in the county/municipality, no absentee ballot shall be mailed to an address other than the permanent in-county/municipality address of the elector.)

Address: _____

City _____ **State** _____ **Zip** _____

(Include Rank, Branch of Service, and Serial Number if in the Armed Forces)

I understand that the offer of acceptance of any other object of value to vote for any particular candidate, list of candidates, issue, or list of issues in the election constitutes an act of voter fraud and is a felony under Georgia law O.C.G. A. Section 21-2-334(a), 21-2-570

SIGNATURE (OR MARK) OF VOTER: _____

For Disabled Voter: _____

(Signature of person preparing application if voter is disabled or illiterate)

**FOR VOTER RESIDING TEMPORARILY OUT OF COUNTY/MUNICIPALITY OR A PHYSICALLY
DISABLED VOTER RESIDING WITHIN THE COUNTY/MUNICIPALITY:**

In the case of a voter residing temporarily out of the county/municipality or a physically disabled voter residing within county/municipality application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, or sister-in-law of the age of 18 or over upon completing the following oath:

I, the undersigned, do swear (or affirm) that the above named voter is ____ residing temporarily out of the county/municipality or is ____ a physically disabled voter residing within the county/municipality and that the facts included in this application are true.

(Signature and Relationship of Relative Requesting Ballot)

FOR OFFICE USE ONLY:

Date Application Received: _____

Date Ballot Mailed: _____

Date Ballot Returned: _____

I hereby certify that:

- ☐ The above-named voter is eligible to receive an absentee ballot.
- ☐ The above-named voter is ineligible to receive an absentee ballot

Reason for rejection: _____

(Signature of Registrar)